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DIRECT-ENTRY MIDWIFE ACT
2005 GENERAL SESSION
STATE OF UTAH
Sponsor: Jackie Biskupski
LONG TITLE
General Description:
This bill modifies the Occupations and Professions Code by enacting the Direct-entry
Midwife Act and makes related changes to the Health Care Providers Immunity from
Liability Act.
Highlighted Provisions:
This bill:
 provides for licensing of Direct-entry midwives by the Division of Occupational and
Professional Licensing;
 provides for definitions relating to the practice of Direct-entry midwifery;
 creates the Licensed Direct-entry Midwife Board and sets forth its membership and
duties;
 requires the division to establish a Licensed Direct-entry Midwife Formulary
Committee and a licensed Direct-entry midwife formulary to define which
prescription drugs can be obtained and administered by licensed Direct-entry
midwives and to provide guidelines for their use;
 provides for disciplinary action, including administrative penalties, against licensed
Direct-entry midwives;
 defines and provides penalties for unlawful and unprofessional conduct;
 sets standards for consultation with, collaboration with, referral to, and transfer to
other health care providers and sets standards for liability under those
circumstances; and



Immunity From Liability Act.	28	 brings licensed Direct-entry midwives within the scope of the Health Care Providers
31 None 32 Other Special Clauses: 33 None 34 Utah Code Sections Affected: 35 AMENDS: 36 58-13-2, as last amended by Chapter 3, Laws of Utah 2003 37 58-13-3, as last amended by Chapter 207, Laws of Utah 2004 39 ENACTS: 40 58-77-101, Utah Code Annotated 1953 41 58-77-102, Utah Code Annotated 1953 42 58-77-201, Utah Code Annotated 1953 43 58-77-202, Utah Code Annotated 1953 44 58-77-301, Utah Code Annotated 1953 45 58-77-302, Utah Code Annotated 1953 46 58-77-302, Utah Code Annotated 1953 47 58-77-304, Utah Code Annotated 1953 48 58-77-301, Utah Code Annotated 1953 50 58-77-501, Utah Code Annotated 1953 51 58-77-502, Utah Code Annotated 1953 52 58-77-503, Utah Code Annotated 1953 53 58-77-601, Utah Code Annotated 1953 54 58-77-602, Utah Code Annotated 1953 55 58-77-603, Utah Code Annotated 1953 55 58-77-603, Utah Code Annotated 1953 <td>29</td> <td>Immunity From Liability Act.</td>	29	Immunity From Liability Act.
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	56	

57 Be it enacted by the Legislature of the state of Utah:

58

Section 1. Section **58-13-2** is amended to read:

39	58-15-2. Emergency care rendered by licensee.
60	(1) A person licensed under Title 58, Occupations and Professions, to practice as any
61	of the following health care professionals, who is under no legal duty to respond, and who in
62	good faith renders emergency care at the scene of an emergency gratuitously and in good faith,
63	is not liable for any civil damages as a result of any acts or omissions by the person in
64	rendering the emergency care:
65	(a) osteopathic physician;
66	(b) physician and surgeon;
67	(c) naturopathic physician;
68	(d) dentist or dental hygienist;
69	(e) chiropractic physician;
70	(f) physician assistant;
71	(g) optometrist;
72	(h) nurse licensed under Section 58-31b-301 or 58-31c-102;
73	(i) podiatrist;
74	(j) certified nurse midwife;
75	(k) respiratory therapist; [or]
76	(l) pharmacist, pharmacy technician, and pharmacy intern[-]; or
77	(m) Direct-entry midwife licensed under Section 58-77-301.
78	(2) (a) This Subsection (2) applies to health care professionals:
79	(i) described in Subsection (1);
80	(ii) who are under no legal duty to respond to the circumstances described in
81	Subsection (2)(b);
82	(iii) who are acting within the scope of the health care professional's license, or within
83	the scope of practice as modified under Subsection 58-1-307(4); and
84	(iv) who are acting in good faith without compensation or remuneration as defined in
85	Subsection 58-13-3(2).
86	(b) A health care professional described in Subsection (2)(a) is not liable for any civil
87	damages as a result of any acts or omissions by the health care professional in rendering care as
88	a result of:
89	(i) implementation of measures to control the causes of epidemic and communicable

diseases and other conditions significantly affecting the public health or necessary to protect the public health as set out in Title 26A, Chapter 1, Local Health Departments;

- (ii) investigating and controlling suspected bioterrorism and disease as set out in Title 26, Chapter 23b, Detection of Public Health Emergencies Act; and
- (iii) responding to a national, state, or local emergency, a public health emergency as defined in Section 26-23b-102, or a declaration by the President of the United States or other federal official requesting public health-related activities.
- (3) The immunity in Subsection (2) is in addition to any immunity or protection in state or federal law that may apply.
 - Section 2. Section **58-13-3** is amended to read:

58-13-3. Qualified immunity -- Health professionals -- Charity care.

- (1) (a) (i) The Legislature finds many residents of this state do not receive medical care and preventive health care because they lack health insurance or because of financial difficulties or cost.
- (ii) The Legislature also finds that many physicians, charity health care facilities, and other health care professionals in this state would be willing to volunteer medical and allied services without compensation if they were not subject to the high exposure of liability connected with providing these services.
- (b) The Legislature therefore declares that its intention in enacting this section is to encourage the provision of uncompensated volunteer charity health care in exchange for a limitation on liability for the health care facilities and health care professionals who provide those volunteer services.
 - (2) As used in this section:
- (a) "Health care facility" means any clinic or hospital, church, or organization whose primary purpose is to sponsor, promote, or organize uncompensated health care services for people unable to pay for health care services.
- (b) "Health care professional" means individuals licensed under Title 58, Occupations and Professions, as physicians and surgeons, osteopaths, podiatrists, optometrists, chiropractors, dentists, dental hygienists, registered nurses, certified nurse midwives, [and] other nurses licensed under Section 58-31b-301[-], and licensed Direct-entry midwives.
 - (c) "Remuneration or compensation":

(i) (A) means direct or indirect receipt of any payment by the physician and surgeon, health care facility, other health care professional, or organization, on behalf of the patient, including payment or reimbursement under medicare or medicaid, or under the state program for the medically indigent on behalf of the patient; and

- (B) compensation, salary, or reimbursement to the health care professional from any source for the health care professional's services or time in volunteering to provide uncompensated health care; and
- (ii) does not mean any grant or donation to the health care facility used to offset direct costs associated with providing the uncompensated health care such as medical supplies or drugs.
- (3) A health care professional who provides health care treatment at or on behalf of a health care facility is not liable in a medical malpractice action if:
- (a) the treatment was within the scope of the health care professional's license under this title;
- (b) neither the health care professional nor the health care facility received compensation or remuneration for the treatment;
- (c) the acts or omissions of the health care professional were not grossly negligent or willful and wanton; and
- (d) prior to rendering services, the health care professional disclosed in writing to the patient, or if a minor, to the patient's parent or legal guardian, that the health care professional is providing the services without receiving remuneration or compensation and that in exchange for receiving uncompensated health care, the patient consents to waive any right to sue for professional negligence except for acts or omissions which are grossly negligent or are willful and wanton.
- (4) A health care facility which sponsors, promotes, or organizes the uncompensated care is not liable in a medical malpractice action for acts and omissions if:
 - (a) the health care facility meets the requirements in Subsection (3)(b);
- (b) the acts and omissions of the health care facility were not grossly negligent or willful and wanton; and
- (c) the health care facility has posted, in a conspicuous place, a notice that in accordance with this section the health care facility is not liable for any civil damages for acts

152	or omissions except for those acts or omissions that are grossly negligent or are willful and
153	wanton.
154	(5) Immunity from liability under this section does not extend to the use of general
155	anesthesia or care that requires an overnight stay in a general acute or specialty hospital
156	licensed under Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act.
157	Section 3. Section 58-77-101 is enacted to read:
158	CHAPTER 77. DIRECT-ENTRY MIDWIFE ACT
159	Part 1. General Provisions
160	58-77-101. Title.
161	This chapter is known as the "Direct-entry Midwife Act."
162	Section 4. Section 58-77-102 is enacted to read:
163	<u>58-77-102.</u> Definitions.
164	In addition to the definitions in Section 58-1-102, as used in this chapter:
165	(1) "Board" means the Licensed Direct-entry Midwife Board created in Section
166	<u>58-77-201.</u>
167	(2) "Certified nurse-midwife" means a person licensed under Title 58, Chapter 44a,
168	Nurse Midwife Practice Act.
169	(3) "Client" means a woman under the care of a Direct-entry midwife and her fetus or
170	<u>newborn.</u>
171	(4) "Direct-entry Midwife" means an individual who is engaging in the practice of
172	Direct-entry midwifery.
173	(5) "Licensed Direct-entry midwife" means a person licensed under this chapter.
174	(6) "Physician" means an individual licensed as a physician and surgeon, osteopathic
175	physician, or naturopathic physician.
176	(7) "Practice of Direct-entry midwifery" means practice Ĥ→ of providing the necessary
176a	supervision, care, and advice to a client during essentially normal pregnancy, labor, delivery,
176b	<u>postpartum</u> , and newborn periods $\leftarrow \hat{\mathbf{H}}$ that is $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{in}} \ \mathbf{accordance}]$ consistent $\leftarrow \hat{\mathbf{H}}$ with
177	national professional midwifery standards and that is based upon the acquisition of clinical
178	skills necessary for the care of pregnant women and newborns, including antepartum,
179	intrapartum, postpartum, newborn, and limited interconceptual care and includes:
180	(a) obtaining an informed consent to provide services;
181	(b) obtaining a health history, including a physical examination;
182	(c) developing a plan of care for a client:

183	(d) evaluating the results of client care;
184	(e) consulting and collaborating with and referring and transferring care to licensed
185	health care professionals, as is appropriate, regarding the care of a client;
186	(f) obtaining medications, as specified in this Subsection (7)(f) $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{or}\ \mathbf{by}\ \mathbf{rule}}] \leftarrow \hat{\mathbf{H}}$
186a	, to administer
187	to clients, including:
188	(i) prescription vitamins;
189	(ii) Rho D immunolglobulin;
190	Ĥ→ [(iii) CDC- or ACOG-recommended agents for Group B strep prophylaxis;
191	—————————————————————————————————————
192	$\hat{H} \Rightarrow [\underline{(v) \text{ IV fluids, excluding blood products;}}]$ (iv) one dose of intramuscular oxytocin after
192a	the delivery of the placenta to minimize blood loss;
193	[(vi) anti-hemorrhagic medications;] (v) one dose of intramuscular oxytocin if a
193a	hemorrhage occurs, in which case the licensed Direct-entry midwife must either consult
193b	immediately with a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act,
193c	or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act, and initiate transfer, if
193d	requested, or if the client's condition does not immediately improve, initiate transfer and notify
193e	the local hospital;
194	$[\underline{\text{(vii)}}] \underline{\text{(vi)}} \leftarrow \hat{\mathbf{H}} \underline{\text{oxygen}};$
195	$\hat{H} \rightarrow [\underline{\text{(viii)}}]$ (vii) $\leftarrow \hat{H}$ local anesthetics $\hat{H} \rightarrow \underline{\text{without epinephrine used in accordance with}}$
195a	Subsection $(7)(1) \leftarrow \hat{\mathbf{H}}$:
196	$\hat{\mathbf{H}} \rightarrow [\underline{\text{(ix)}}]$ (viii) $\leftarrow \hat{\mathbf{H}}$ vitamin K to prevent hemorrhagic disease of the newborn;
197	$\hat{\mathbf{H}} \rightarrow [\underline{(x)}]$ (ix) $\leftarrow \hat{\mathbf{H}}$ eye prophylaxis to prevent opthalmia neonatorum as required by law; and
198	Ĥ→ [(xi) other medications that are not controlled substances as defined in Section
198a	$[\underline{x}]$ any other medication approved by a licensed health care provider with
198b	authority to prescribe that medication;
199	[and which are approved by the division in collaboration with the Licensed Direct-entry
200	Midwife Formulary Committee;] ←Ĥ
201	(g) obtaining food, food extracts, dietary supplements, as defined by the Federal Food,
202	Drug, and Cosmetic Act, homeopathic remedies, plant substances that are not designated as
203	prescription drugs or controlled substances, and over-the-counter medications to administer to
204	clients;
205	(h) obtaining and using appropriate equipment and devices such as Doppler, blood
206	pressure cuff, phlebotomy supplies, instruments, and sutures;

207	(i) obtaining appropriate screening and testing, including laboratory tests, urinalysis,
208	and ultrasound;
209	(j) managing the antepartum period;
210	(k) managing the intrapartum period including:
211	(i) monitoring and evaluating the condition of mother and fetus;
212	(ii) performing emergency episiotomy; and
213	(iii) delivering in any out-of-hospital setting:

214	(1) managing the postpartum period including $\hat{\mathbf{H}} \rightarrow [\underline{:}]$
215	(i) + f suturing of episiotomy or first and second degree natural perineal and labial
216	lacerations, including the administration of a local anesthetic; $\hat{\mathbf{H}} \rightarrow [\frac{\mathbf{and}}{\mathbf{and}}]$
217	(ii) managing hemorrhage, including the administration of anti-hemorrhagic
218	medications or IV fluids;] ←Ĥ
219	(m) managing the newborn period including:
220	(i) providing care for the newborn, including performing a normal newborn
221	examination; and
222	(ii) resuscitating a newborn;
223	(n) providing limited interconceptual services in order to provide continuity of care
224	including:
225	(i) breastfeeding support and counseling;
226	(ii) family planning, limited to natural family planning, cervical caps, and diaphragms;
227	<u>and</u>
228	(iii) pap smears, where all clients with abnormal results are to be referred to an
229	appropriate licensed health care provider; and
230	(o) executing the orders of a licensed health care professional, only within the
231	education, knowledge, and skill of the Direct-entry midwife.
232	(8) "Unlawful conduct" is as defined in Sections 58-1-501 and 58-77-501.
233	(9) "Unprofessional conduct" is as defined in Sections 58-1-501 and 58-77-502 and as
234	may be further defined by rule.
235	Section 5. Section 58-77-201 is enacted to read:
236	Part 2. Board
237	<u>58-77-201.</u> Board.
238	(1) There is created the Licensed Direct-entry Midwife Board consisting of four
239	licensed Direct-entry midwives and one member of the general public.
240	(2) The board shall be appointed and serve in accordance with Section 58-1-201.
241	(3) (a) The duties and responsibilities of the board shall be in accordance with Sections
242	58-1-202 and 58-1-203.
243	(b) The board shall designate one of its members on a permanent or rotating basis to:
244	(i) assist the division in reviewing complaints concerning the unlawful or

245	unprofessional conduct of a licensed Direct-entry midwife; and
246	(ii) advise the division in its investigation of these complaints.
246a	$\hat{H} \rightarrow (c)(i)$ For the years 2006 through 2011, the board shall present an annual report to
246b	the Legislature's Health and Human Services Interim Committee describing the outcome data
246c	of licensed Direct-entry midwives practicing in Utah.
246d	(ii) The board shall base its report on data provided in large part from the
246e	Midwives'Alliance of North America. ←Ĥ
247	(4) A board member who has, under Subsection (3), reviewed a complaint or advised
248	in its investigation may be disqualified from participating with the board when the board serves
249	as a presiding officer in an adjudicative proceeding concerning the complaint.
250	(5) Qualified faculty, board members, and other staff of Direct-entry midwifery
251	learning institutions may serve as one or more of the licensed Directed-entry midwives on the
252	board.
253	Section 6. Section 58-77-202 is enacted to read:
254	58-77-202. Licensed Direct-entry Midwife Formulary Committee Adoption of
255	licensed Direct-entry midwife formulary.
256	(1) The division shall establish a Licensed Direct-entry Midwife Formulary Committee
257	under Subsection 58-1-203(1)(f) to make recommendations to the board and the division
258	regarding which additional prescription drugs are appropriate for the scope of practice of
259	licensed Direct-entry midwives and guidelines for their use.
260	(2) The committee shall consist of five members as follows:
261	(a) two licensed Direct-entry midwives;
262	(b) one licensed physician who has professional experience consulting for and
263	collaborating with Direct-entry midwives;
264	(c) one certified nurse midwife who has professional experience consulting for and
265	collaborating with Direct-entry midwives; and
266	(d) one licensed pharmacist.
267	(3) The committee members shall:
268	(a) be appointed by the director of the division; and
269	(b) serve without compensation, travel costs, or per diem for their services.
270	(4) In accordance with Title 63, Chapter 46a, Utah Administrative Rulemaking Act, the
271	division shall adopt by rule a licensed Direct-entry midwife formulary which includes:
272	(a) those additional prescription drugs which may be obtained and administered by
273	licensed Direct-entry midwives as defined in Subsection 58-77-102(7)(f)(xi); and
274	(b) standards, conditions, and guidelines for use of the prescription drugs included in
275	the formulary.

- 9 -

276	Section 7. Section 58-77-203 is enacted to read:
277	58-77-203. Licensed Direct-entry Midwife Temporary Rules Committee Rules
278	recommendations.
279	(1) The division shall establish a Licensed Direct-entry Midwife Temporary Rules
280	Committee under this section to make recommendations to the board and division regarding
281	the condition types listed in Subsection 58-77-601(2).
282	(2) The committee shall consist of the following six members appointed by the director
283	of the division:
284	(a) three Direct-entry midwives;
285	(b) one licensed physician who has professional experience consulting for and
286	collaborating with Direct-entry midwives;
287	(c) one certified nurse midwife who has professional experience consulting for and
288	collaborating with Direct-entry midwives; and
289	(d) a licensed physician or certified nurse midwife who has practiced obstetrics or
290	midwifery in an out-of-hospital setting.
291	(3) The director of the division shall appoint one of the three Direct-entry midwives to
292	serve as committee chair.
293	(4) Committee members shall serve without compensation and may not receive travel
294	costs or per diem for their services on the committee.
295	(5) Qualified committee members may also serve on the Licensed Direct-entry
296	Midwife Formulary Committee and the Licensed Direct-entry Midwife Board established
297	under this chapter.
298	(6) The director shall make appointments to the committee by July 1, 2005, and the
299	committee shall cease to function after March 31, 2006.
300	(7) (a) The committee shall recommend rules under Subsection (1) based on
301	convincing evidence presented to the committee.
302	(b) At least four members must vote in the affirmative on any recommendation made
303	by the committee to the board or the division.
304	(c) If the committee is unable to complete its recommendations by March 31, 2006, it
305	shall develop a recommended plan of action which, along with its work product and
306	responsibilities, shall be transferred to the board on April 1, 2006.

307	Section 8. Section 58-77-301 is enacted to read:
308	Part 3. Licensure
309	<u>58-77-301.</u> Licensure.
310	The division shall issue to a person who qualifies under this chapter a license as a
311	licensed Direct-entry midwife.
312	Section 9. Section 58-77-302 is enacted to read:
313	58-77-302. Qualifications for licensure.
314	Each applicant for licensure as a licensed Direct-entry midwife shall:
315	(1) submit an application in a form prescribed by the division;
316	(2) pay a fee as determined by the department under Section 63-38-3.2;
317	(3) be of good moral character;
318	(4) hold a Certified Professional Midwife certificate in good standing with the North
319	American Registry of Midwives or equivalent certification approved by the division in
320	collaboration with the board;
321	(5) hold current adult and infant CPR and newborn resuscitation certifications through
322	an organization approved by the division in collaboration with the board; and
323	(6) provide documentation of successful completion of an approved pharmacology
324	course as defined by division rule.
325	Section 10. Section 58-77-303 is enacted to read:
326	58-77-303. Term of license Expiration Renewal.
327	(1) (a) The division shall issue each license under this chapter in accordance with a
328	two-year renewal cycle established by rule.
329	(b) The division may by rule extend or shorten a renewal period by as much as one year
330	to stagger the renewal cycles it administers.
331	(2) Each license automatically expires on the expiration date shown on the license
332	unless the individual renews it in accordance with Section 58-1-308.
333	(3) At the time of renewal, the licensed Direct-entry midwife shall be in current
334	compliance with the requirements of Section 58-77-302.
335	Section 11. Section 58-77-304 is enacted to read:
336	<u>58-77-304.</u> Parents' rights.
337	Nothing in this chapter abridges, limits, or changes in any way the right of parents to

338	deliver their baby where, when, how, and with whom they choose, regardless of licensure
339	under this chapter.
340	Section 12. Section 58-77-401 is enacted to read:
341	Part 4. Licensure Denial and Discipline
342	58-77-401. Grounds for denial of license Disciplinary proceedings.
343	Grounds for refusing to issue a license to an applicant, for refusing to renew a license,
344	for revoking, suspending, restricting, or placing on probation a license, for issuing a public or
345	private reprimand, and for issuing a cease and desist order shall be in accordance with Section
346	<u>58-1-401.</u>
347	Section 13. Section 58-77-501 is enacted to read:
348	Part 5. Unlawful and Unprofessional Conduct Penalties
349	<u>58-77-501.</u> Unlawful conduct.
350	(1) In addition to the definition in Subsection 58-1-501(1), "unlawful conduct"
351	includes:
352	(a) representing or holding oneself out as a licensed Direct-entry midwife when not
353	licensed under this chapter; and
354	(b) using prescription medications, except oxygen, while engaged in the practice of
355	Direct-entry midwifery when not licensed under this chapter.
356	(2) (a) Except as provided in Subsections (1)(a) and (b), it is lawful to practice
357	Direct-entry midwifery in the state without being licensed under this chapter.
358	(b) The practice of Direct-entry midwifery is not considered the practice of medicine,
359	nursing, or nurse-midwifery.
360	Section 14. Section 58-77-502 is enacted to read:
361	<u>58-77-502.</u> Unprofessional conduct.
362	In addition to the definition in Subsection 58-1-501(2), "unprofessional conduct"
363	includes:
364	(1) failing to obtain informed consent as described in Subsection 58-77-601(1);
365	(2) disregarding a client's dignity or right to privacy as to her person, condition,
366	possessions, or medical record;
367	(3) failing to file or record any medical report as required by law, impeding, or
368	obstructing the filing or recording of the report, or inducing another to fail to file or record the

369	report;
370	(4) breaching a statutory, common law, regulatory, or ethical requirement of
371	confidentiality with respect to a person who is a client, unless ordered by the court;
372	(5) inappropriately delegating Direct-entry midwifery duties;
373	(6) using advertising or an identification statement that is false, misleading, or
374	deceptive;
375	(7) using in combination with the term "midwife" the term "nurse" or another title,
376	initial, or designation that falsely implies that the Direct-entry midwife is licensed as a certified
377	nurse midwife, registered nurse, or licensed practical nurse; and
378	(8) submitting a birth certificate known by the person to be false or fraudulent.
379	Section 15. Section 58-77-503 is enacted to read:
380	58-77-503. Penalty for unlawful conduct.
381	A person who violates the unlawful conduct provisions defined in this chapter is guilty
382	of a class A misdemeanor.
383	Section 16. Section 58-77-601 is enacted to read:
384	Part 6. Standards of Practice
385	58-77-601. Standards of practice.
386	(1) (a) Prior to providing any services, a licensed Direct-entry midwife must obtain an
387	informed consent from a client.
388	(b) The consent must include:
389	(i) the name and license number of the Direct-entry midwife;
390	(ii) the client's name, address, telephone number, and primary care provider, if the
391	client has one;
392	(iii) the fact, if true, that the licensed Direct-entry midwife is not a certified nurse
393	midwife or a physician;
394	(iv) all sections required by the North American Registry of Midwives in its informed
395	consent guidelines, including:
396	(A) a description of the licensed Direct-entry midwife's education, training, continuing
397	education, and experience in midwifery;
398	(B) a description of the licensed Direct-entry midwife's peer review process;
399	(C) the licensed Direct-entry midwife's philosophy of practice;

400	(D) a promise to provide the client, upon request, separate documents describing the
401	rules governing licensed Direct-entry midwifery practice, including a list of conditions
402	indicating the need for consultation, collaboration, referral, transfer or Ĥ→ [emergency]
402a	mandatory ←Ĥ transfer, and
403	the licensed Direct-entry midwife's personal written practice guidelines;
404	(E) a medical back-up or transfer plan;
405	(F) a description of the services provided to the client by the licensed Direct-entry
406	midwife;
407	(G) the licensed Direct-entry midwife's current legal status;
408	(H) the availability of a grievance process; and
409	(I) client and licensed Direct-entry midwife signatures and the date of signing; and
410	(v) whether the licensed Direct-entry midwife is covered by a professional liability
411	insurance policy.
412	(2) A licensed Direct-entry midwife shall appropriately recommend and facilitate
413	consultation with, collaboration with, referral to, or transfer or $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{emergency}}]$
413a	mandatory ←Ĥ transfer of care to a
414	licensed health care professional when the circumstances require that action in accordance with
415	standards established by division rule.
416	(3) If after a client has been informed that she has or may have a condition indicating
417	the need for medical consultation, collaboration, referral, or transfer and the client chooses to
418	decline, then the licensed Direct-entry midwife shall:
419	(a) terminate care in accordance with procedures established by division rule; or
420	(b) continue to provide care for the client if the client signs a waiver of medical
421	consultation, collaboration, referral, or transfer.
422	(4) If after a client has been informed that she has or may have a condition indicating
423	the need for $\hat{\mathbf{H}} \rightarrow [\underline{\mathbf{emergency}}]$ mandatory $\leftarrow \hat{\mathbf{H}}$ transfer, the licensed Direct-entry midwife shall
123a	$\hat{H} \rightarrow$, in accordance with procedures established by division rule, terminate the care or $\leftarrow \hat{H}$
123b	initiate transfer by:
424	(a) calling 911 and reporting the need for immediate transfer;
425	(b) immediately transporting the client by private vehicle to the receiving provider; or
426	(c) contacting the physician to whom the client will be transferred and following that
427	physician's orders.
127a	Ĥ→ (5) For the period from 2006 through 2011, a licensed Direct-entry midwife must submit
127b	outcome data to the Midwives's Alliance of North America's Division of Research on the

427c	form and in the manner	prescribed b	v rule. 🗲	Ĥ

428 **Ĥ→** [(5)] (6) ←Ĥ This chapter does not mandate health insurance coverage for midwifery services.

- Section 17. Section **58-77-602** is enacted to read:
- 430 **58-77-602. Immunity and liability.**

431	(1) If a Direct-entry midwife seeks to consult with, refer, or transfer a client to a
432	licensed health care provider or facility, the responsibility of the provider or facility for the
433	client does not begin until the client is physically within the care of the provider or facility.
434	(2) A licensed health care provider who examines a Direct-entry midwife's client is
435	only liable for the actual examination and cannot be held accountable for the client's decision to
436	pursue an out-of-hospital birth or the services of a Direct-entry midwife.
437	(3) (a) A licensed health care provider may, upon receiving a briefing data from a
438	Direct-entry midwife, issue a medical order for the Direct-entry midwife's client, without that
439	client being an explicit patient of the provider.
440	(b) Regardless of the advice given or order issued, the responsibility and liability for
441	caring for the client is that of the Direct-entry midwife.
442	(c) The provider giving the order is responsible and liable only for the appropriateness
443	of the order given the data received.
444	(d) The issuing of an order for a Direct-entry midwife's client does not constitute a
445	delegation of duties from the other provider to the Direct-entry midwife.
445a	Ĥ→ (4) A licensed health care provider may not be held civilly liable for rendering
445b	emergency medical services that arise from prohibited conduct in Section 57-77-603, or from
445c	care rendered under a waiver as specififed in Subsection 58-77-601(3)(b), unless the emergency
445d	medical services constitute gross negligence or reckless disregard for the client.
445e	(5) A licensed Direct-entry midwife shall be solely responsible for the use of medications
445f	<u>under this chapter.</u> ←Ĥ
446	Section 18. Section 58-77-603 is enacted to read:
447	58-77-603. Prohibited practices.
448	A Direct-entry midwife may not:
449	(1) administer a prescription drug to a client $\hat{\mathbf{H}} \rightarrow [$, other than those specified in Subsections]
449a	in a manner that violates this chapter;
450	$[\underline{58-77-102(7) \text{ and } 58-77-602(3)(a)};] \leftarrow \hat{H}$
451	(2) effect any type of surgical delivery except for the cutting of an emergency
452	episiotomy;
453	(3) administer any type of epidural, spinal, or caudal anesthetic, or any type of narcotic
454	analgesia; Ĥ→ [or]
454a	
	(4) use forceps or a vacuum extractor;
454b	(4) use forceps or a vacuum extractor; (5) manually remove the placenta, except in an emergency that presents an immediate

455	$\hat{\mathbf{H}} \rightarrow [\underline{(4)}] \underline{(6)} \leftarrow \hat{\mathbf{H}}$ induce abortion.
456	Section 19. Section 78-14-3 is amended to read:
457	78-14-3. Definitions.
458	As used in this chapter:
459	(1) "Audiologist" means a person licensed to practice audiology under Title 58,
460	Chapter 41, Speech-language Pathology and Audiology Licensing Act.
461	(2) "Certified social worker" means a person licensed to practice as a certified social

worker under Section 58-60-205.

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- 463 (3) "Chiropractic physician" means a person licensed to practice chiropractic under 464 Title 58, Chapter 73, Chiropractic Physician Practice Act.
- 465 (4) "Clinical social worker" means a person licensed to practice as a clinical social worker under Section 58-60-205.
- 467 (5) "Commissioner" means the commissioner of insurance as provided in Section 468 31A-2-102.
- 469 (6) "Dental hygienist" means a person licensed to practice dental hygiene as defined in 470 Section 58-69-102.
- 471 (7) "Dentist" means a person licensed to practice dentistry as defined in Section 472 58-69-102.
- 473 (8) "Division" means the Division of Occupational and Professional Licensing created 474 in Section 58-1-103.
 - (9) "Future damages" includes damages for future medical treatment, care or custody, loss of future earnings, loss of bodily function, or future pain and suffering of the judgment creditor.
 - (10) "Health care" means any act or treatment performed or furnished, or which should have been performed or furnished, by any health care provider for, to, or on behalf of a patient during the patient's medical care, treatment, or confinement.
 - (11) "Health care facility" means general acute hospitals, specialty hospitals, home health agencies, hospices, nursing care facilities, assisted living facilities, birthing centers, ambulatory surgical facilities, small health care facilities, health care facilities owned or operated by health maintenance organizations, and end stage renal disease facilities.
 - (12) "Health care provider" includes any person, partnership, association, corporation, or other facility or institution who causes to be rendered or who renders health care or professional services as a hospital, health care facility, physician, registered nurse, licensed practical nurse, nurse-midwife, licensed Direct-entry midwife, dentist, dental hygienist, optometrist, clinical laboratory technologist, pharmacist, physical therapist, podiatric physician, psychologist, chiropractic physician, naturopathic physician, osteopathic physician, osteopathic physician and surgeon, audiologist, speech-language pathologist, clinical social worker, certified social worker, social service worker, marriage and family counselor,

493	practitioner of obstetrics, or others rendering similar care and services relating to or arising out
494	of the health needs of persons or groups of persons and officers, employees, or agents of any of
495	the above acting in the course and scope of their employment.
496	(13) "Hospital" means a public or private institution licensed under Title 26, Chapter
497	21, Health Care Facility Licensing and Inspection Act.
498	(14) "Licensed Direct-entry midwife" means a person licensed under the Direct-entry
499	Midwife Act to practice midwifery as defined in Section 58-77-102.
500	[(14)] (15) "Licensed practical nurse" means a person licensed to practice as a licensed
501	practical nurse as provided in Section 58-31b-301.
502	[(15)] (16) "Malpractice action against a health care provider" means any action against
503	a health care provider, whether in contract, tort, breach of warranty, wrongful death, or
504	otherwise, based upon alleged personal injuries relating to or arising out of health care rendered
505	or which should have been rendered by the health care provider.
506	[(16)] (17) "Marriage and family therapist" means a person licensed to practice as a
507	marriage therapist or family therapist under Sections 58-60-305 and 58-60-405.
508	[(17)] (18) "Naturopathic physician" means a person licensed to practice naturopathy
509	as defined in Section 58-71-102.
510	[(18)] (19) "Nurse-midwife" means a person licensed to engage in practice as a nurse
511	midwife under Section 58-44a-301.
512	[(19)] (20) "Optometrist" means a person licensed to practice optometry under Title 58,
513	Chapter 16a, Utah Optometry Practice Act.
514	[(20)] (21) "Osteopathic physician" means a person licensed to practice osteopathy
515	under Title 58, Chapter 68, Utah Osteopathic Medical Practice Act.
516	[(21)] (22) "Patient" means a person who is under the care of a health care provider,
517	under a contract, express or implied.
518	[(22)] (23) "Pharmacist" means a person licensed to practice pharmacy as provided in
519	Section 58-17b-301.
520	[(23)] (24) "Physical therapist" means a person licensed to practice physical therapy
521	under Title 58, Chapter 24a, Physical Therapist Practice Act.
522	[(24)] (25) "Physician" means a person licensed to practice medicine and surgery under
523	Title 58, Chapter 67, Utah Medical Practice Act.

524	$\left[\frac{(25)}{(26)}\right]$ "Podiatric physician" means a person licensed to practice podiatry under
525	Title 58, Chapter 5a, Podiatric Physician Licensing Act.
526	[(26)] (27) "Practitioner of obstetrics" means a person licensed to practice as a
527	physician in this state under Title 58, Chapter 67, Utah Medical Practice Act, or under Title 58,
528	Chapter 68, Utah Osteopathic Medical Practice Act.
529	[(27)] (28) "Psychologist" means a person licensed under Title 58, Chapter 61,
530	Psychologist Licensing Act, to practice psychology as defined in Section 58-61-102.
531	[(28)] (29) "Registered nurse" means a person licensed to practice professional nursing
532	as provided in Section 58-31b-301.
533	[(29)] (30) "Representative" means the spouse, parent, guardian, trustee,
534	attorney-in-fact, or other legal agent of the patient.
535	[(30)] (31) "Social service worker" means a person licensed to practice as a social
536	service worker under Section 58-60-205.
537	[(31)] (32) "Speech-language pathologist" means a person licensed to practice
538	speech-language pathology under Title 58, Chapter 41, Speech-language Pathology and
539	Audiology Licensing Act.
540	[(32)] (33) "Tort" means any legal wrong, breach of duty, or negligent or unlawful act
541	or omission proximately causing injury or damage to another.

Legislative Review Note as of 12-7-04 8:41 AM

Based on a limited legal review, this legislation has not been determined to have a high probability of being held unconstitutional.

Office of Legislative Research and General Counsel

Interim Committee Note as of 12-08-04 9:31 AM

The Health and Human Services Interim Committee recommended this bill.

Fiscal No	te
Bill Number	HB0025

Direct-Entry Midwife Act

17-Jan-05 12:37 PM

AMENDED NOTE

State Impact

Implementation of the provisions of this bill will cost \$3,100 from the Commerce Service Fund and Generate \$1,500. Licenses are renewed every two years, so revenues are expected to drop to \$100 in the second year. The Attorney General indicates that they may incur costs because this is a new regulated profession. However with only 15 seeking licensure, these costs would be minimal.

	FY 2006	FY 2007	<u>FY 2006</u>	<u>FY 2007</u>
	Approp.	Approp.	Revenue	Revenue
Commerce Service Fund	\$3,100	\$3,100	\$1,500	\$100
TOTAL	\$3,100	\$3,100	\$1,500	\$100

Individual and Business Impact

Individual fiscal impacts will vary.

Office of the Legislative Fiscal Analyst